

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND 10/523271 | | | | | | | | | | | |
|--|-----------------------------------|---|------------------|------------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>07/01/05</u> | | 2 Serial/Patent # <u>10/523271</u> | | | | | | | | | |
| 3 Please ^{charge} refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| | Filing | | | \$ <u>200.00</u> | | | | | | | |
| | Amendment | | | \$ | | | | | | | |
| | Extension of Time | | | \$ | | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| | Petition | | | \$ | | | | | | | |
| | Issue | | | \$ | | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| | Maintenance | | | \$ | | | | | | | |
| | Assignment | | | \$ | | | | | | | |
| | Other | | | \$ | | | | | | | |
| 7 TOTAL AMOUNT OF REFUND | | | \$ <u>200.00</u> | | | | | | | | |
| 8 TO BE REFUNDED BY: | | | | | | | | | | | |
| 10 REASON: | | Treasury Check | | | | | | | | | |
| | Overpayment | Credit Deposit A/C #: | | | | | | | | | |
| | Duplicate Payment | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">6</td><td style="width: 20px; text-align: center;">5</td></tr></table> | | | 1 | 9 | -- | 0 | 0 | 6 | 5 |
| 1 | 9 | -- | 0 | 0 | 6 | 5 | | | | | |
| | No Fee Due (Explanation): | | | | | | | | | | |
| <i>Search fee charged to deposit account</i> | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Winston/Awada</u> | | TITLE: <u>Paralegal</u> | | | | | | | | | |
| SIGNATURE: <u>National Stage Processing</u> | | PHONE: <u>703-308-9140 Ext. 200</u> | | | | | | | | | |
| OFFICE: <u>Paralegal Specialist</u> | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: _____ | | DATE: _____ | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: